Pag	е	1	of	4





Employer Status ReportUnemployment Insurance Liability Determination

K-CNS 010 (Rev. 09-10)

SUBMIT ONLINE: www.uitax.dol.ks.gov RETURN TO: Unemployment Contributions

P.O. Box 400

Topeka, KS 66601-0400

FAX TO: (785) 291-3425

(SEE INSTRUCTIONS ON PAGE 4)

	PRINT CLEARLY in UPPER CASE - use BLACK INK
1.	What is your type of organization / ownership? (check one below) Individual General Partnership Joint Venture Receivership Limited Liability Company (LLC) Corporation (Inc) Trust Limited Liability Partnership (LLP) Other Please describe:
	If you are a government or political sub-division, select the branch of government and your finance option: 2a. Branch of government (check one) State Local Indian Tribe Contributing Reimbursing Rated Governmental Are you a 501(c)(3) exempt organization? Yes (if Yes, answer 3a and 3b) No 3a. Finance Option (check one) Contributing Reimbursing 3b. Have you received the 501(c)(3) exemption letter from the IRS? Yes No (if No, explain below)
5.	Are you a Professional Employment Organization (P.E.O.)? Yes (If Yes, you must submit a separate K-CNS 015 for each client.) Describe the major service, activity or product in Kansas that generates the most revenue for your business: 5b. Is your business considered to be in the construction industry? Yes No Date you first paid wages in Kansas:
7.	M M D D Y Y Y Y List your Federal Employer Identification Number (FEIN):
9. 10.	Legal business name: (Inc, LLC, LP, Sole Prop, etc.) Business or trade name: (if different than #8) Business phone number: Mailing address: Business fax number:
12.	Street Number/PO Box Direction Street Name Apt/Suite No City State Zip + 4 Kansas business physical address: Storefront/Physical Location Job/Construction Site Employee Residence
	Street Number Direction Street Name Apt/Suite No City State Zip + 4

KANSAS DEPARTMENT OF LABOR www.dol.ks.gov K-CNS 010 (Rev. 09-10)



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UNEMPLOYMENT INSURANCE CONTRIBUTIONS	
P.O. Box 400, Topeka, KS • phone (785) 296-5027 • fax (785) 291-3425	

Dollars and Cents

Dollars and Cents

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Dollars and Cents

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In which <u>WEEK</u> did you establish liability based on the number of (Please indicate the week in which you established liability. Note: Refer to	
Did you acquire / purchase All or Part of an existing business?	Yes No
18a. Date acquired / purchased:	All Part % acquired
M M D D Y Y Y Y	
18b. Is the prior owner continuing business in Kansas?	Yes No If yes, explain below:
18c. Do you wish to accept the prior owner's Unemployment Tax F	Rate? Yes No
18d. Name of prior owner:	Prior owner's Kansas
	Employer Serial Number:
18e. Prior business or trade name:	Current phone number:
18f. Prior owner's current address:	
Street Number/PO Box Direction Street Name	Apt/Suite No
City	State Zip + 4
For the last three years, list any multiple business locations you have	ssor employer. These factors are used to compute your unemployment tax rate for I their industry tax rate. ave operated in KANSAS No multiple locations
Trade Name and Address Date Opened	Date Closed Number of Employees Business Activity
Are you subject to the Federal Unemployment Tax Act (FUTA)?	
Current Year Yes No	Prior Year Yes No
If no liability is indicated, do you wish to elect coverage? Yes, beginning January 1 of the current year, or at the commencem	post of ampleument, and continuing for not less than two calendar
years, on behalf of the employing unit, I voluntarily elect to: (select	
to extend coverage to all workers performing services that an No	e excluded from coverage as described in K.S.A. 44-703(i)
, , , , ,	No
Do you have individuals performing services you believe are not ell yes, explain below. Attach additional pages if necessary.	employees? Yes No
Would you like to have a KDOL representative contact you directly options for governmental/political sub-divisions or 501(C)(3) entitle Yes No	/ to provide additional information on exemptions, payment es, successorship or any other status report information?
I certify that the information I have provided on this report is comp	lete, correct and true to the best of my knowledge and belief.
	Date
	e - owner, partner, m/m, corporate Signed M M D D Y Y Y cer. etc.

K-CNS 010 INSTRUCTIONS



- Place an X before the appropriate type of ownership of your business. If not listed, place an X in OTHER and explain the ownership.
- **2a.** Place an X before your type of government agency: State, local (city, county, etc.) or Indian Tribe, and then place an X in the selected finance (payment) option.
- 2b. If you are a 501(c)(3) organization, place an X in the selected finance (payment) option and mark an X if you have received your approval letter from the IRS.
- 3. Indicate if you are a 501(c)(3) organization. If yes, you must complete questions 3a and 3b.
 - a. Place an X in the finance option.
 - b. Place an X in the yes box if you have received your IRS exemption letter. If no, please explain.
- Indicate if you are a Professional Employment Organization (Employee Lease Organization) If yes, you must complete a K-CNS 015 for each client that you represent.
- Describe your major service or product in Kansas (that portion producing the major income source).
- 6. Enter the first date you paid wages in Kansas.
- 7. List your nine-digit federal employer's identification number issued by the IRS (FEIN) used on your 940 and 941 reports.
- Enter your legal business name (for example ABC Inc., ABC, LLC, John Smith, Sole Proprietor, etc.).
- Enter your business or trade name (doing business as name, Dark Corner #1, ABC Inc. d/b/a House Restaurant, etc.).
- Enter your actual business telephone number, including the area code. Also list the main fax number.
- 11. Enter the business mailing address where correspondence from the agency is to be sent. List your street number or PO Box, the direction (N, S, NE, SW, etc.), the street name, any apartment or suite number, city, state and Zip + 4.
- 12. Indicate if your Kansas location is a storefront/physical location, a job/construction site or an employee's residence. Tell us the Kansas location's street number, direction of street address (N, S, NE, SW, etc.), the street name and apartment number or suite number, city, state, and Zip + 4.
- 13. Enter the Kansas location where your accounting records are maintained and can be examined by agency personnel. If the address information is the same as entered in item #12, place an X in the checkbox. Otherwise, enter the street number, direction of street address (N, S, NE, SW, etc.), the street name and apartment number or suite number, city, state and Zip + 4.
- 14. Indicate who is your company or in-house payroll contact person. If the address information is the same as entered in item #12, place an X in the checkbox. Otherwise, enter the street number or PO Box, direction of street address (N, S, NE, SW, etc.), the street name and apartment number or suite number, city, state and Zip + 4. Also list the main company e-mail address of the payroll contact person and a direct telephone number.

- 15. Enter the legal names of officers, members, member/managers, partners or owners of the business. Include Social Security numbers for each listing, title of the person (Corp. Pres., Mem/Mgr, Mem. Gen Ptr, Owner, etc.), Enter your street number or PO Box, the direction (N, S. NE, SW, etc.), the street name, any apartment or suite number, city, state and Zip + 4. If additional space is needed, attach an additional sheet.
- **16.** Enter your **Kansas** wages, by calendar quarter, for the current calendar year and the prior calendar year.
- 17. Enter a number from 1 through 52 which indicates the number of weeks during the current or prior calendar year in which you had sufficient employees for at least 20 weeks. For purposes of this report, each week counted must include the Saturday. The weeks do not have to be consecutive. For general employment, you must have one or more employees each week; agriculture employment must have 10 or more employees each week; and 501(c)(3) employment is four or more employees in each week.
- **18.** Are you operating a business that was once operated by someone else?
 - a. Enter the date when you purchased or acquired the business and whether you purchased all the business or what percent of the business.
 - b. Is the prior owner operating any other business in **Kansas** If yes, explain how the previous owner continues in operation.
 - c. Would you like to have the prior owner's unemployment tax rate and experience factors used to calculate your tax rate?
 - d. Enter the name of the prior owner and the **Kansas** UI account number, if known.
 - e. Enter the name of the prior business and a current telephone number of the prior owner, if known.
 - f. Enter the prior owner's current address, if known.
- 19. List each business location you have operated in Kansas for the last three years. If you have more than one, list each location separately.
- 20. Indicate if you are subject to FUTA, the Federal Unemployment Tax Act, for any other business for the current or prior year.
- 21. Indicate if you wish to elect to extend unemployment insurance coverage to your workers if a determination indicates that you are not required by statute to cover employees. You may also elect coverage for workers who are not defined by the statute as employees. (Election of coverage is for two calendar years.) If Yes, place an X before your choice of coverage. If No, place an X in the No box.
- 22. Indicate if your business is continuing to pay wages in Kansas.
- Indicate which workers you believe are not employees. Explain in detail why you consider them to be something other than employees.
- **24.** Indicate if you would like a further explanation from a KDOL staff member about any questions on this form.
- 25. Please sign the report, providing your title and the date.

YOU MUST COMPLETE ENTIRE FORM